

Hospital Investigation

1936

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COMMISSIONS and COMMITTEES
Hospital Investigation Commission.
Report.

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Sessional Paper No. 59

Session of 1936.

Signed: Alex C. Lewis
Clerk L.A.

R E P O R T

to

THE HONOURABLE THE LIEUTENANT-GOVERNOR OF ONTARIO

of

WILLIAM BELMONT COMMON

--under and pursuant to a Commission dated the
24th day of July, A.D. 1935, under The Public In-
quiries Act, to inquire into and report upon the
internal management of the Ontario Hospital, Mimico,
Ontario, and into any and all charges which may be
brought against any member or members of the staff
of the said institution and into the care and treat-
ment of the patients therein. -----

PRESENTED TO THE LEGISLATIVE ASSEMBLY.

BY COMMAND

Signed: H. C. Nixon

PROVINCIAL SECRETARY

TO THE HONOURABLE HERBERT ALEXANDER BRUCE,
A Colonel in Our Royal Army Medical Corps,
Fellow of the Royal College of Surgeons, England, &c.,
Lieutenant Governor of Our Province of Ontario.

MAY IT PLEASE YOUR HONOUR:

A commission bearing date the twenty-fourth day of July, 1935, and issued under the hand and seal of the Right Honourable Sir William Mulock, K.C.M.G., Chief Justice of Ontario and Administrator of the Government of the Province of Ontario under the authority of the Public Inquiries Act, R.S.O. 1927, Chapter 20, appointed me, William Belmont Common, a Commissioner to inquire into and report upon the internal management of the Ontario Hospital, Mimico, Ontario, and into any and all charges which may be brought against any member or members of the staff of the said institution and into the care and treatment of patients therein.

INTRODUCTION.

Mr. Eric H. Silk acted as Commission Counsel and he was assisted by Dr. Kenneth G. Gray, who is qualified as a lawyer in addition to his medical training. The evidence adduced at the inquiry was recorded by Mr. Philip N. O'Hara, shorthand reporter. No other counsel were present. Two former employees of the Hospital, S. J. Stuchell and Frederick Braithwaite, however, requested that they be represented by a layman, Mr. J. P. O'Donnell. Mr. O'Donnell was permitted to sit at the counsel's table and to ask questions through Commission Counsel. Every opportunity was given persons against whom charges were made to cross-examine any person making charges.

The enquiry opened in the Assembly Hall of the

Hospital on Tuesday, August 6th, 1935, at ten o'clock in the forenoon and continued from day to day until Friday, August 9th, at about six-thirty o'clock in the afternoon. Your Commissioner, accompanied by counsel, made a personal inspection of the Hospital buildings and grounds on Saturday, August 10th, which occupied the greater part of that afternoon. Although only four days were required for the taking of evidence, it should perhaps be observed that the enquiry commenced early each morning and continued until a late hour each afternoon, and on two occasions evening sessions were held. The transcription of the evidence occupies more than eight hundred and thirty foolscap-sized pages.

EXPLANATION:

In order that Your Honour may appreciate the thorough and comprehensive nature of the investigation, I propose to describe the procedure adopted. I wish to remark upon the complete opportunity which was afforded for the making of complaints at the hearing and the exhaustive and thorough enquiry which was conducted into each complaint. All persons in possession of facts or information which would be of assistance to the inquiry were invited to communicate with Commission Counsel and every person desiring to give evidence was given every opportunity to do so, as it was the desire of Your Commissioner that all relevant facts and helpful information should be before Your Commissioner in order that a full and complete investigation might be effected.

The enquiry is the result of complaints made in letters to officials of the Government by two former employees of the institution, S. J. Stuchell and Frederick Braithwaite. Stuchell was called as the first witness and Braithwaite as the second witness. The two men were in the witness box together for a short time identifying letters and communications



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addressed to officials of the Government, signed by one or other or both of them. Stuchell was requested to make his complaints to the Commission. He was free to use the various letters and communications signed by himself or by Braithwaite or both of them, which had been filed as exhibits, in order to refresh his memory. He was assisted in his evidence by Commission Counsel from notes taken by Commission Counsel when Stuchell had voluntarily attended at the office of Commission Counsel to make complaints. The same procedure was adopted when Braithwaite took the witness box and both of these men were given every possible opportunity of relating all their complaints and charges of misconduct and impropriety to the Commission. It might here be observed that Stuchell was in the witness box on four occasions and Braithwaite on three occasions. As each complaint was made, the witness was asked to give the names of all persons who could throw further light on the situation and all persons whose names were given were called as witnesses and interrogated as to their knowledge touching upon or relating to the circumstances in question.

Some sixty witnesses were called and practically every one of them was asked if he had any complaint to make regarding the internal management of the institution. Each of the witnesses called had an opportunity of making any observations or complaints which he desired to make. If Your Commissioner erred in rulings as to the relevancy of evidence tendered, the error was on the side of admitting evidence which did not strictly relate to the subject matter of the enquiry rather than of excluding evidence which in some way might relate to it.

OBSERVATION:

It became apparent almost at the commencement of Stuchell's evidence that the majority of the charges made by him could not be substantiated by him except, in most cases, by

rather vague references to something that he had heard or had been told. A large part of the evidence of Braithwaite falls into the same category, being based on hearsay which, at best, is an unreliable foundation on which to make charges. While dealing with the evidence of these two men, I shall remark on a reprehensible practice indulged in by Stuchell on his own admission, while in the employ of the Provincial Government as an attendant at the Hospital. The practice I refer to is the copying by him, for purposes best known to himself, of confidential information relating to patients from record books which are the property of the Hospital or the Government and to which he would have access only in his capacity as an attendant. It will be readily appreciated that such a practice cannot be tolerated in an institution of this kind and this alone renders anyone guilty of this practice unfit to be employed in the institution in any capacity which would afford access to such records. Braithwaite admitted keeping a diary of occurrences that took place at the Hospital. He continued to make entries in it relating to Hospital affairs even after being warned of the dangers of such a practice by Dr. McKay, the Superintendent of the Hospital. It is my opinion that persons employed at this and other Ontario Hospitals having access to patients' records should be required to take an oath with a view to preventing the copying or taking away of confidential information, and which would require them to keep secret all such information gained by them. Furthermore, such oath should require them to observe the orders and directions of the Superintendent and other senior officials of the Hospitals.

I wish to observe further that both Stuchell and Braithwaite, although making many complaints of improper conditions and improper treatment of patients in the Hospital, while in the witness box, both admitted that, with one or two exceptions, they had made no complaints while employed as

attendants. In view of the observations I have already made and having regard to the demeanour of Stuchell and Braithwaite in the witness box, which I observed carefully, and the nature of their information and evidence, I must, in fairness to all parties affected by or connected with the enquiry, find the evidence of these two men unreliable.

IMPROPER TREATMENT OF PATIENTS:

Physical Maltreatment:- Perhaps the most important group of complaints put forward at the enquiry were complaints regarding the treatment of patients. There were some six or seven specific complaints of physical injury to patients at the hands of attendants.

A charge was made by Stuchell that Patient Chisholm was on one occasion assaulted. The only evidence of this is the direct evidence of Stuchell and the hearsay evidence volunteered by Braithwaite. Stuchell named Attendantsⁿ Faulkner and Cudden as witnesses, but these two men denied having any knowledge of the alleged assault; and Attendant McLean, who, it was suggested, committed the assault, vigorously denied that he had ever struck or assaulted Chisholm.

Having regard to the nature of the evidence on this charge, I am unable to find that any assault was committed on Patient Chisholm.

Braithwaite complained that Patient Ryan had been assaulted by Attendant McLean, and Stuchell volunteered hearsay evidence in an effort to corroborate the evidence of Braithwaite. Faulkner was named as a witness. Both Faulkner and McLean denied any knowledge of the assault on Ryan. This is again a plain case of conflict of evidence and I am unable to find conclusive proof of an assault on Patient Ryan.

J. E. Harper, a former attendant at the institution, stated that Nurse Dowdell had attacked Patient Fedoriac by

throwing him on the bed and kneeling on his chest, although the patient was apparently in the last stage of tuberculosis. Harper suggested that Miss Dowdell's alleged attack on the patient was the cause of his subsequent death.

It is significant that, although Harper complained of a most brutal attack being made by the nurse on the patient and stated that he was an eye-witness, on his own admission he made no complaint to anyone until 15 months after the patient's death.

It was not possible to call Miss Dowdell as a witness as, at the time of the inquiry, she was in Nova Scotia. The doctors who examined Fedoriac both before and after his death, however, were able to say from their records that there were no external marks of violence on the body of Fedoriac at the time of his death. The nature of the patient's disease was such that he had had haemorrhages for several years before the alleged assault and he was in a very advanced stage of tuberculosis.

The evidence in support of the charge is most unsatisfactory and I am unable to find that the patient's death was caused or accelerated by any assault made on him; or, in fact, that any such assault was committed.

Braithwaite complained about an attack made on Patient Wilson by Nurse Murray and, although his evidence on this point was entirely in the nature of hearsay, he named Attendant Harper as a witness. Harper, who was a most unsatisfactory witness, related how Nurse Scott was endeavouring to change the dressing on the patient's neck when Mrs. Murray volunteered to do the work and pulled the dressing off. According to Harper, this caused the patient some pain and he complained in objectionable language and was thereupon severely beaten on the shoulder by a screwdriver in the hands of Mrs. Murray. Dr. Wicks, who attended the patient some time after

The incident is said to have occurred, said that he found no evidence of Wilson having been attacked in the manner suggested by Harper.

Harper named Nurse Scott as the only other witness and Miss Scott was brought from Kingston in order that her evidence might be obtained. Both Miss Scott and Mrs. Murray, who appeared to be competent and reliable witnesses, denied any knowledge of the alleged assault and, on the uncorroborated evidence of Harper, I am not able to find that such an assault was ever committed.

The only other two complaints relating to the assaulting of patients were made by A. J. Johnston, a former attendant, who said he complained that Patient Callomeeze had been assaulted in 1929 by Attendants Cudden and Fowler. Fowler is not now in the service and was not available as a witness. Attendant Cudden denied that he ever knew a patient by that name. He further denied that he ever had occasion to reprimand a patient for refusing to put on his shoes, as was suggested by Johnston in the Callomeeze case. He also stated that he was not even located in 'B' Cottage, which is the cottage where the incident is alleged to have occurred, at any time during the year 1929.

Johnston also complained that in 1931 Attendant Rudd pounded Patient O'Hearn with his fists. Rudd is no longer an attendant at the Hospital.

In neither of these cases was the evidence of Johnston sufficiently definite to justify me in making a finding that an assault had been committed.

There was a complaint made by Stuchell relating to a patient named Harry Reeder. A number of witnesses were called who all agreed that on the occasion in question three patients were packed together in one room, one of whom was Reeder and one of whom was Patient Stingle. There were packed

in Separate beds but in the same room. Considerable evidence was taken as to the method of restraining patients by packing and there were no allegations that the method used in this case was not in accordance with the usual practice. Packing consists of restraining a patient by wrapping him in sheets and pinning the sheets to the mattress.

It seems that during the night Patient Stingle released himself from the pack and attacked Patient Reeder, inflicting considerable injury in the region of the head. The only conflict of evidence related to a piece of steel which Attendant Galbraith stated he found in Stingle's pack. It was suggested that Patient Stingle cut his way out of the pack with this piece of steel. There was evidence, however, that the patient had released himself from his pack on previous occasions and that occasionally other patients were able to accomplish a similar release. It is impossible to determine from what source, if any, Stingle might have obtained the piece of steel in question.

It appears to me, however, that the important feature of this incident was the practice of packing several patients in a room together with no one in attendance upon them. This improper practice, since discontinued, was the real cause of the injury to Patient Reeder.

In an affidavit made by Stuchell and Braithwaite prior to the commencement of this investigation, it was alleged that Patient John Murphy's property had been sold and that, since the sale, the patient had been offered redress on different occasions, and that such redress had been in the form of a promise that the patient would obtain his liberty and cash. Stuchell further swore in the same affidavit that Murphy had been examined at the Toronto Psychiatric Hospital and that the report on his condition was that he was mentally normal.

After swearing to the facts as recited above, Stuchell and Braithwaite disclosed in the witness box that

their personal knowledge concerning the patient, John Murphy, was practically a nullity and that such knowledge as they had was based on the worst kind of hearsay.

Mr. Godwin, one of the solicitors to the Public Trustee of Ontario, who has charge of the estates of persons confined in mental hospitals, gave evidence that, upon his admission to the Hospital, Murphy, so far as the Public Trustee was able to determine, was possessed of only one parcel of real property, which was located in Northern Ontario. Mr. Godwin stated that the property was being purchased by Murphy from the Crown Lands Department for a purchase price of \$120; that the sum of \$20 had been paid by Murphy and that the sum of \$100 was still due on account of the purchase price. Murphy was considerably in arrears in regard to the payments which were to be made, and the Crown Lands Department reported that the purchase was subject to cancellation and that they were taking steps to effect such a cancellation. The Public Trustee, however, obtained special leave to sell the property elsewhere. A purchaser was then found and the property was disposed of on the best possible terms.

It was disclosed at the hearing that the statements made in the affidavit of Stuchell and Braithwaite regarding the report of the Psychiatric Hospital on Murphy's condition were based on information given to them by Attendant Cudden. Cudden flatly denied that he had obtained any information from the doctors at the Psychiatric Hospital regarding Murphy's mental condition, and he also denied that he had made any statement to Stuchell as to anything that had been told him by the doctors at the Psychiatric Hospital.

BATHS:

Complaints regarding the baths administered in the institution divided themselves into complaints relating to an

insufficient supply of towels, non-segregation of venereal patients and the administration of cold baths as a form of punishment. There was also some evidence that occasionally several patients were herded together into one shower cubicle.

On all the evidence, however, I must find that sufficient time was allowed for the showers so that, if the patients were satisfied to wait their turn, each one might have a cubicle of his own, or with one other patient at the most; but that sometimes some of the patients, not being content to wait their turn, forced themselves into the cubicle with other patients.

It also appears from the evidence that sometimes there would not be sufficient towels to accommodate all patients who were being bathed, but on all the evidence I must find that, where there were not sufficient towels, the patients who did not have towels were supplied with clean bed linen with which to dry themselves, and that such occurrences were not common.

There seemed to be a common complaint among the attendants that venereal patients are not segregated from others. The actual practice followed was established by the evidence of the attendants who were making the complaints and then several doctors, one of whom was Dr. A. L. McKay, Director of the Division of Preventive Diseases for the Province of Ontario, were called to testify as to the propriety of the practice followed. There was no evidence that any patient suffering from gonorrhoea was ever allowed to mingle with the other patients. They were isolated by themselves in Cottage 'B' and all precautions were taken to prevent the communication of the disease, as was the case with all other communicable diseases.

Patients suffering from syphilis in a communicable form are not permitted to mingle or associate with the other

patients. It became apparent that when the attendants referred to venereal patients, they meant patients suffering from general paresis of the insane, commonly known as G.P.I. While the disease is really a form of syphilis, it is localised in the brain, and the evidence of all the doctors was that it is not possible to communicate G.P.I. except by actual opening of the skull of the patient and coming into contact with the organism in that way. It was established by the medical witnesses that the practice followed in the treatment of G.P.I. patients, as regards their segregation, is recognised as proper throughout the world. It may be further observed that the apparatus used in the curative treatment of this disease was the first of its kind used in Canada and one of the very few used in this country at this time. Undoubtedly, it is accepted by the medical profession as the advanced form of treatment for the disease.

Stuchell testified that on one occasion he was ordered by Attendant McLean to administer a cold bath to a patient in the present of John Sutherland, Chief Attendant. Both McLean and Sutherland denied Stuchell's charge. Attendant Twohig admitted that on one occasion he had put a patient in a bath at a temperature between 60 and 70 degrees for about five seconds and that, as a result, he was suspended from duty for two days. Some nine or ten other attendants were examined carefully as to their knowledge of cold baths. Each of them denied all knowledge of cold baths, deposing that, so far as each of them knew, cold baths were not administered in the Hospital.

The evidence shows, then, that on one occasion a cold bath was administered to a patient by an attendant without a doctor's order and that the attendant was disciplined for the act. There is a mass of evidence to show that the practice of administering cold baths is extremely rare, if it exists at all.

If cold baths were in fact administered at any time under the circumstances, such a practice is reprehensible and should be discontinued.

MEDICINE AND DRUGS:

Complaints were made relating to medicine and drugs. These complaints divide themselves into two headings, the finding of pills on the floor of two of the cottages and the administration of medicine or drugs in the absence of a doctor.

Referring first to the complaint that pills were found on the floor, the evidence of Attendant W. E. Smith is that one morning in May or June of 1935 he picked up a pill having the general appearance of an aspirin tablet and which he took to be sodium barbitol, from the floor in the ward on the top floor of Cottage 'B'. Sodium barbitol is a non-poisonous preparation and not of a dangerous nature when taken in small quantities, according to the medical evidence. He says Attendant Butterworth picked up two similar pills at the same time. Butterworth denies this, saying that he never worked with Smith in Cottage 'B'. He states, however, that on one occasion in the month of May he did pick up a pill which looked like an aspirin and which appeared to be yellow with age. This, however, he states, occurred on the second floor of Cottage 'D' and Smith was not present.

Dr. McKay explained fully the precautions taken to keep a proper check on drugs. Each cottage is equipped with a medicine cabinet containing the drugs ordinarily in use in the cottage. The cupboards are kept locked at all times except when in use and suspensions have been made for violations of this rule. The senior person in each cottage has a key and in some cases a second key is in the possession of the night supervisor. The drugs used are checked against prescriptions by the medical officer of the cottage and are also frequently checked by the Assistant Superintendent. The precautions taken to pre-

vent improper use of drugs, it will be seen, appear to be reasonable and proper.

I shall refer now to the complaints that drugs were sometimes administered without a doctor's prescription and sometimes pursuant to a prescription given by telephone when the prescribing doctor's only knowledge of the case had been gained by telephone.

Attendant Johnston states that while he was on duty in Cottage 'C' in November, 1934, two epileptic patients who were on their way to the Ontario Hospital, Woodstock, were taken to Cottage 'c' for the night and left in his charge. He states that he asked the supervisor for luminal, a usual prescription for epileptics, at about 9.30 in the evening and that although luminal was kept in the cottage, he did not receive the order to administer it for about an hour. The order was marked 'stat.' meaning to administer immediately, but as the patient was asleep and had proven himself a very difficult person to handle, the drug was not administered. At about 12 o'clock the prescribing doctor, Dr. Thorpe, came in and was upset that the drug had not been administered.

Dr. Thorpe was unable to recall the incident, but testified that in some circumstances it would be a proper practice to awaken an epileptic patient to administer luminal.

Dealing with the administration and prescription of drugs, Dr. McKay's evidence was, briefly, that certain drugs could be prescribed by a doctor without seeing the patient if he knew the patient or had a good description of the case. In view of the evidence of Dr. Thorpe and Dr. McKay, no satisfactory charge seems to have been made out by Johnston regarding improper prescribing of drugs.

DOCTORS' DELAY IN SEEING PATIENTS:

Attendant Johnston made three complaints regarding the delay of doctors in coming to answer calls. He stated that in December, 1934, Patient Deshanko had his hand badly burned on a radiator. The delay seems to have been partly due to the telephone in the cottage being out of order, but if Johnston's version of the incident is accurate -- and I have no reason to think that it is not -- a doctor should certainly have attended the patient a considerable time before he did receive attention. Attendant Johnston also complained that in November 1934, he requested luminal for a patient at about seven o'clock, but did not receive it until about ten-thirty o'clock. The reason for the delay in this case seems to have been that the telephone was out of order.

Johnston also complained that two or three years ago a patient died and that no doctor was in attendance for two or three hours after the death. The doctor who was supposed to be on duty on that time appeared to have been downtown, and was subsequently discharged from the service.

The evidence shows that during the daytime there are a considerable number of physicians in attendance at the Hospital and that at night there is always one doctor on duty as well as the Superintendent or the Assistant Superintendent, both of whom are doctors. This would appear to be a sufficient medical staff under ordinary circumstances, but with such a great number of patients in the Hospital occasions are bound to arise from time to time which will cause delay in the treatment of patients. On the whole, however, the complaints regarding delay on the part of doctors are extremely few, and it is significant that the only three complaints made were made by Attendant Johnston and that two of them took place within a period of two months and that on both occasions the delay was

attributed partly, at least, to the fact that the telephone was out of order.

Where a telephone is out of order and cannot be repaired immediately, some other means of communication between the cottage and other parts of the Hospital should be furnished.

FOOD:

Stuchell complained that the meals were served to the patients in a nasty, sloppy manner and that 75 per cent of the meals, which should have been hot, were just lukewarm. Braithwaite complained that the food was very often cold. A great many of the witnesses called were questioned regarding the food and, in practically every case, the evidence was that the meals were good and served in an appetising manner. Mr. S. Robbins, who was formerly employed at the institution, came forward voluntarily and requested that he be permitted to testify. Among other things, he stated that he had a wide knowledge of meats, that the food was excellent, and that it was astonishing how well it was prepared, and that it was served in an appetising manner. His evidence was based on his knowledge gained while he was engaged at the institution between the months of November, 1933, and March, 1935.

There was some evidence that there were no screens on the windows of the dining room in one of the cottages and that, as a result, the patients in that cottage were bothered with flies at their meals. Although it may be out of the question to equip the entire hospital with screens, it would seem highly advisable that each of the dining rooms should be so equipped.

CHARGES AGAINST HOSPITAL STAFF:

Charges against Dr. McKay: One of the charges against Dr. McKay was that, as Superintendent of the Hospital,

he permitted representatives of the Empire Life Insurance Company, in which he or members of his family were shareholders, to enter the grounds and buildings and to approach members of the staff.

Attendant Boles, now employed at the Ontario Hospital at Hamilton, stated that Mr. Rose, a representative of the Empire Life Insurance Company, sold him an insurance policy while he was employed at Mimico. Boles stated that Mr. Rose came into the ward where he was working, but that he did not mention the name of either Dr. McKay or Mr. John Sutherland and that, as far as he knew, the agent was not sent there by either of them.

Galbraith, an attendant now employed at the hospital at Mimico, stated that he was called to Mr. Sutherland's office and that he was interviewed there by Mr. Rose, who told him that any person that did not have insurance was required by law to have it in the Civil Service. Mr. Rose told Galbraith he was liable to be 'fired' if he did not have insurance. Galbraith contracted for a policy of \$1,000 and allowed it to lapse two months later.

Another attendant, John McLean, related that he was approached by Mr. Rose and an appointment was made to be held in McLean's room after business hours. McLean purchased some insurance. McLean stated that Dr. McKay's name or the name of John Sutherland was not mentioned.

The evidence of four other attendants was received, showing that they had been approached by Mr. Rose, the agent of the Empire Life Insurance Company, and in some cases they had purchased insurance.

The evidence of John Sutherland was to the effect that he is not a shareholder in this company and does not own any policy of life insurance in the Empire Life Insurance Company.

Dr. McKay stated that he purchased some shares in the

Empire Life Insurance Company in 1924. He stated that he was the owner of 40 shares and that his wife also purchased some shares in her own right. Dr. McKay stated that he had been consulted by both nurses and attendants as to whether they should buy insurance and that he does not remember taking the subject up with them himself. It seems that there is an arrangement whereby a Civil Servant may obtain group insurance through the Civil Service Association, and Dr. McKay was consulted about the advisability of this form of insurance. Dr. McKay stated that a Civil Servant was required to carry \$2,000 insurance when he is put on the permanent staff. Dr. McKay stated that he could not recall suggesting to any attendant or nurse that they should take out insurance in the Empire Life Insurance Company. He stated that, until he had heard the evidence at the enquiry, he did not know who had insurance with the Empire Life Insurance Company and who had not, and that it had never made any difference as to favour whether they had insurance policies with that company or not.

About 1930 Dr. McKay consulted the Department and reported that insurance agents were taking up a considerable amount of time and were a certain amount of nuisance. He was informed that he should relax as regards letting insurance agents in to interview the staff in view of the general business conditions. Dr. McKay ruled that insurance agents were to see people on their hours off duty or at lunch time as much as possible and that, if they made themselves a nuisance or interfered with the work, their privilege of interviewing the staff during business hours would be cut off. Dr. McKay so instructed the Chief Attendant and the Superintendent of Nurses after introducing any insurance agents to them, and that was the last he heard of it.

Dr. McKay said that at no time did he receive any monetary consideration from any insurance company as a result

of any recommendation he may have made regarding any person or the taking out of any policy by any employee in the institution; but he stated that at the time of the formation of the Empire Life Insurance Company he was appointed a medical examiner and that, in the last ten years, he had examined enough cases to bring in between \$150 and \$200 as fees for medical examinations. Part of these fees were for examining employees at the Hospital.

Automobiles: Attendant Galbraith stated that on one occasion he made some repairs to Dr. McKay's private car at Dr. McKay's request. Dr. McKay stated that there is an institutional car which can be used for the general business of the institution, but that when the institutional car is employed, it may be necessary for him to use his personal car for Government business. There is a log kept of all trips made in the car which is owned by the Government.

Attendant Galbraith related that on one occasion he was instructed by Dr. McKay to secure some whiskey on a hospital requisition. Galbraith secured one case of whiskey from the Liquor Control Board and also transferred three cases of whiskey from the Ontario Hospital, Toronto, to the Ontario Hospital, Mimico. He put one case in the hospital dispensary and the other three cases of whiskey in Dr. McKay's house, which is on the Hospital grounds. He stated that the whiskey which was delivered to Dr. McKay's house may have been used for hospital purposes and that he did not know what disposal was made of it.

Galbraith stated that on one occasion, following a party at Dr. McKay's house, he drove some of the guests to their home and that 'some of them were feeling pretty good.'

Dr. McKay testified that liquor was used on special occasions in the treatment of patients. The liquor is obtained on requisition from the Department. The liquor is usually kept

in the hospital dispensary. On the occasion mentioned by the witness Galbraith, the dispensary was undergoing repairs, so that Dr. McKay ordered a portion of the consignment to be placed in his home and it was later removed to the Hospital, a bottle at a time, unopened. The party referred to, he said, consisted of one other couple who were entertained at dinner. The man was a physician who had trench fever when he was discharged from the Army. On his discharge from the Army, he was given a maximum possibility of life of six years, but he is still alive until the present time. 'He does not drink anything more than water or milk. He does not take even tea or coffee and his wife does not drink any alcoholic beverages whatever.' Neither he nor his wife consumed any liquor on the occasion in question. Dr. McKay's evidence as to this occurrence I accept.

FURNITURE, REMOVAL OF:

It may be appropriate here to consider the evidence regarding a complaint of the improper sale and removal of furniture belonging to the Hospital.

Stuchell and Braithwaite complained of the improper removal of furniture from the grounds of the Hospital. Stuchell stated that on the evening of Thursday, the 25th, of July, a little more than a week before the inquiry commenced, he was informed that two truck loads of furniture which had been stored over the carpenter shop had been improperly removed from the grounds of the Hospital. He communicated with Braithwaite, and the two of them appear to have constituted themselves a committee to investigate, on what authority I do not know. They gathered together two attendants of the institution, one man who had previously been employed as an attendant, and two members of the New Toronto police force, and the party of seven entered the Hospital grounds and proceeded to make an inspection. None of these men were able to say what had had been removed,

nor could Mr. Robinson, a realtor carrying on business in New Toronto, describe the content of the trucks which were said to have conveyed the furniture from the grounds.

It will be seen that the evidence supporting the charge was of a most flimsy and unsatisfactory nature. Nevertheless the complaint was carefully and fully investigated and it was made manifestly clear by other witnesses having actual knowledge of the facts that the material removed consisted of pieces of furniture that had been broken beyond repair or which were obsolete and unsafe for use in the institution. The material had been sold for fuel in the ordinary course of the procedure of the institution and a proper entry of the proceeds was made in the books of the Hospital. This is just another of the complaints founded on hearsay and upon improper knowledge of the facts which proved to have no foundation.

Charges against John Sutherland: Several charges were made against John Sutherland suggesting improper conduct unbecoming him as Chief Attendant at the Hospital. It was complained that at the Provincial election held on June 19th, 1934, he acted as a Deputy Returning Officer at a special poll located in the Hospital grounds to record the votes of Hospital employees. While his appointment as such should not be well regarded in view of his position at the Hospital, yet no improper conduct on the part of Mr. Sutherland in connection with the election was proven.

It was suggested that Mr. Sutherland showed favouritism towards some of the employees in the Hospital, but such complaints were of a trifling nature and do not merit further consideration.

Mr. Sutherland's alleged connection with the Empire Life Insurance Company has been fully discussed above.

There was some suggestion that on more than one

occasion, at about seven o'clock in the evening, liquor was smelled on Mr. Sutherland's breath. However, there was certainly no evidence which would warrant me in finding that Mr. Sutherland was at any time under the influence of liquor while on duty. Mr. Sutherland is a solid type of individual who remains on duty practically 24 hours a day. His knowledge of the patients and of the attendants and of the general work and routine of the institution is exceptional, and I find that he is a reliable employee and well fitted for his position.

Charges against Attendant Powers: There were several charges made against Attendant Powers which were of ranging degrees of importance. Powers was said by Stuchell and Braithwaite to have displayed a card of membership in a political association, charges which were held to be irrelevant and outside of the scope of the inquiry.

Galbraith and Stuchell complained that Powers had food in the Hospital kitchen while he was on duty. This charge was denied by Powers. Another charge against Powers was that he was asleep on duty in November, 1932. This was admitted by Powers, and for the offence he paid a fine of \$10 under the fine system which was then in vogue at the Hospital.

A dance was held in the Assembly Hall of the Hospital in March of 1935, at which the nurses and attendants were present. After the dance Powers accompanied two or three of the nurses, including a former pupil nurse, a Miss Foster, to their quarters located on the top floor of the Administration Building. Powers, in a jocular manner and, as Miss Foster put it, 'on a dare', ascended the stairs to the top floor. It appears that he was not up there more than a moment but, at any rate, he was seen in one of the rooms with Miss Foster and he was persuaded to take an empty wine bottle out of the building and dispose of it for the nurses.

Whatever may have actually occurred on this occasion,

Powers and Miss Foster were both involved in this incident, and it would seem that he was equally as blameworthy as Miss Foster for anything that occurred. Nevertheless, Miss Foster was dismissed from the service and Powers was only suspended for a period of two weeks. It may be that there were circumstances which would warrant this discrimination, but such circumstances were not disclosed at the investigation, and I am at a loss to understand why such an apparent discrimination was made.

After Powers and Galbraith had given their evidence, Galbraith requested permission to return to the witness box and complained that Powers said to him, 'You son of a bitch, I will get even with you.' This was denied by Powers.

It is my finding that Powers did make such a statement and should be reprimanded for doing so.

Charges against Attendant Parker: It appeared from the evidence that Attendant Parker displayed contraceptives on two occasions. Although nurses were present on at least one of these occasions, there is no evidence that they heard any of the conversation or knew anything about the matter. Since the question was never brought to Dr. McKay's attention, no enquiry regarding the incident was officially made. It is significant evidence that Nurse Agnew, not now with the Hospital, denied the allegation that any contraceptives were shown to her by Parker, who also denied the charge.

Charges against Attendant Jardine: Stuchell complained that Attendant Jardine had been active in politics while on the staff of the Hospital. Stuchell's evidence was based on hearsay and established nothing definite. The matter was not gone into further as I ruled against the introduction of evidence pertaining to politics as being outside the scope of this investigation.

Charges against Nurse Lord: Miss Lord, who was

formerly a nurse on the staff of the Hospital, was said to have had improper relations with one of the patients in the Hospital. Very soon after the alleged occurrence she ceased to be on the staff of the Hospital and since that time has undergone mental examinations. This is a matter which requires no further comment, as such occurrences are isolated and very difficult to combat.

WORKING CONDITIONS:

It appears from the evidence of the Superintendent, Dr. McKay, that the pay and the hours of work and the number of staff are matters not within the control of the Superintendent of the Hospital. These are matters of departmental policy and are uniform in the various Provincial hospitals.

A nurse who is on day duty works from seven to seven with one hour off at noon for dinner and half an hour off for supper. A nurse has one full day off a week and every alternate holiday and 21 days a year. The hours of the night nurses are the same, with the exception that she has only half an hour off for supper.

The attendants work from 7 a.m. to 7 p.m. with one day off a week. In the winter an attendant may be required to attend a patients' dance every second week from seven to nine p.m. The pay for an attendant is about \$75 a month less \$2.50 a month for uniform

Lack of Staff: Evidence was taken that at night one attendant might be left in charge of as many as 90 patients for a period of 12 hours. During this period his ward would be visited at intervals by a supervisor. In cases of emergency, the attendant can usually summon aid from the floor below or above by a system of tapping on the water pipes.

There was no evidence that the employees' food was not satisfactory.

ATTENDANCE BOOK: The evidence shows that there is an attendance book which each man should sign when coming on and going off duty. On some occasions one attendant has signed for another when the latter was working elsewhere in the institution. There was no evidence that the men were being signed in without working.

ATTENDANTS ASLEEP ON DUTY:

A former attendant, A. J. Johnston, testified that about three years previously, when he was night supervisor of the Hospital, he detected a number of attendants asleep on duty. The attendants were disciplined. No evidence was adduced that this practice has persisted.

SHORTAGE OF LINEN:

There were some rather vague charges that the system of taking inventories of hospital linen was not satisfactory. The evidence shows that adequate precautions are taken to check the supply of linen at all times.

DOSSIERS:

Stuchell complained that the records which are kept of each employee are not compiled in a fair manner. He stated that the Superintendent will accept the word of the supervisor or chief attendant and that special black marks are put on the man's dossier and that the man is not given an opportunity to say if the information is true or false.

In the course of the enquiry it was necessary to examine the system of keeping these records in a number of cases, and it appears that a stenographic report is kept of all interviews of any importance where serious charges are investigated by the Superintendent or by the Inspector of Hospitals, who conducts his enquiries under oath. The existing system is to be commended.

GRAND JURIES:

A complaint was made that before the visit of a Grand Jury, precautions were taken to put additional men on duty in some of the cottages so that the institution would not appear to be understaffed. This charge was denied by several of the officials. This is not a matter of any great importance, because the Ontario Hospitals are all carefully and systematically inspected by officials of the Department of Health and the investigation conducted by these officials is much more thorough and complete and comprehensive than the type of investigation which is usually conducted by Grand Juries.

THEFT OF PAINT:

A great deal was heard about the alleged theft from the grounds of a can of paint, containing approximately one quart. The charge was totally denied by Attendant McLean, who was accused of the theft. He maintained that the paint had been purchased for him at a hardware store on Lakeshore Road by Attendant Cudden, who passes the store on his way to the Hospital from his home. The evidence adduced regarding the alleged theft of the paint was of a most conflicting nature and it is impossible to determine definitely whether or not the paint was stolen from the grounds or was purchased by Cudden for McLean at a hardware store.

It may be safely observed, however, that much more time was devoted to a study of this incident than its importance warranted.

APPOINTMENTS.

The system of appointments at the Hospital was brought up on more than one occasion at the enquiry, but Your Commissioner ruled that it was not considered to be within the

scope of the investigation.

DISMISSALS:

Several of the witnesses who had formerly been employees at the Hospital complained about being discharged. I find that in every case of an employee being discharged a careful investigation was conducted by Dr. McKay, the Superintendent, Dr. Clark, the Inspector of Ontario Hospitals, or some other official of the Government authorised to do so. I find further that in each case the official recommending the dismissal had reasonable grounds on which to justify his recommendation.

INVESTIGATIONS BY DR. CLARK:

Prior to the hearing, Dr. Clark, Inspector of Ontario Hospitals, conducted several investigations at the Hospital. During the course of the hearing I endeavoured to eliminate from my investigation any matters which had been enquired into by Dr. Clark. It was inevitable, however, that certain matters which had been dealt with in whole or in part by Dr. Clark's investigations should come up for review at this enquiry.

In fairness to Dr. Clark, I must observe that the evidence taken at the investigations conducted by him, given under oath, was taken down in shorthand and transcribed. Although it was suggested by one of the witnesses that the transcription of the shorthand notes was not accurate, Counsel for the Commission called the stenographer who had taken the notes, and there is no doubt in my mind that her notes were substantially accurate and that no effort was made to alter the evidence given in recording it on paper. Nor am I able to find that Dr. Clark refused to hear what the witnesses at the investigation desired to say.

FINES P

At one time there was a system in vogue at the Hospital by which employees of the Hospital were fined for improper conduct or neglect of duty and the amount of the fines was deducted from the employees' wages. Fortunately, this system has been discontinued and accordingly I am not required to comment on it.

CONCLUSION:

It is not Your Commissioner's purpose at this stage of the report to make recommendations, as the same have been covered in the running comment on each charge disposed of in my findings.

From the evidence adduced before Your Commissioner I find that, subject to the observations heretofore made, that the Ontario Hospital, Mimico, is being conducted in an efficient manner by well trained staff thoroughly aware of their duties and responsibilities in an institution of this kind. Furthermore, from my observations it is manifestly clear that the buildings are well kept, that the interiors are clean and that the patients are well treated.

In an institution of this nature, one inevitably finds jealousy existing between some members of the staff and, from the evidence before me, I am forced to the conclusion that it was mainly on account of such jealousy and hard feelings between some employees and former employees at the Ontario Hospital, Mimico, that the situation arose which called for this investigation.

I desire to place on record Your Commissioner's appreciation of the services of Mr. Eric H. Silk, Commission Counsel, for the efficient manner in which he advised Your Commissioner and brought out fully and impartially all relevant facts.

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Thanks are also due to Dr. K. G. Gray for his very able assistance during the hearing.

I Have the Honour to be, Sir,

Signed: W. B. Common,
COMMISSIONER.

